

POSTAL BOOKING FORM

THE PIG IRON PEOPLE

Preferential booking period closes Wednesday 20th October 2021

Name: _____

Phone No. _____

Email address: _____



If you would prefer to have your tickets emailed rather than being posted please provide your email address and please do not provide us with an envelope.

Please ensure to provide printed or electronic tickets at the door.

Please book seats for the following performance
(tick **one box only** on each preference line):

| | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Evening | Thu | Fri | Sat | Thu | Fri |
| Nov 2021 | 11 th | 12 th | 13 th | 18 th | 19 th |
| 1st pref | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd pref | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Matinee's | | |
|--------------------------|--------------------------|--------------------------|
| Saturday | Saturday | Sunday |
| 13 th | 20 th | 21 st |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PLEASE NOTE: EVENING PERFORMANCES COMMENCE AT 7.30PM
MATINEES 2.00PM – DUE TO COVID SEATING IS LIMITED**

Tickets required:

..... prepaid vouchers enclosed \$ 0

.....additional full tickets @ \$25 \$.....

.....additional concession tickets @ \$20 \$.....

_____ children's tickets (12 & under) @ \$15 \$_____

_____ **Total number of tickets required** \$_____

Privacy Policy:
Please see our Website
www.stjudesplayers.asn.au

PAYMENT DETAILS (if required)

Payment by cheque / money order / credit card (Please circle one)

(Please tick one box) Visa Master Card

Card Number /...../...../.....

Expiry Date /.....

Name on Card

Signature

Special seating requirements (wheelchair/walking frame/sight/hearing etc) _____

*****A stamped self-addressed envelope for the return of tickets must be enclosed—thank you*****

Please post this form and enclosures to: SJP Booking Officer, PO Box 52, BRIGHTON 5048